

## INTERNAL MEDICINE

DAVIS, THOMAS R

PATIENT'S NAME

CASE NO.

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

TEL. NO. \_\_\_\_\_ REFERRED BY \_\_\_\_\_ OCCUPATION \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ S.M.W.D. \_\_\_\_\_

INSURANCE \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

PRESENT ILLNESS: \_\_\_\_\_

2-5-69 United Park 4 am + 4-ray  
H. 5-8 Urine Neg  
H. 170 Eyes R 20/25 L 20/20  
Chest X-ray. Wass - neg

29-  
H-50-71 Pen for cold

PAST HISTORY: POLIO \_\_\_\_\_ NEPHRITIS \_\_\_\_\_ OTHER \_\_\_\_\_

MEASLES \_\_\_\_\_ TONSILLITIS \_\_\_\_\_ JAUNDICE \_\_\_\_\_

MUMPS \_\_\_\_\_ PLEURISY \_\_\_\_\_ KIDNEY TROUBLE \_\_\_\_\_

WHOOPING COUGH \_\_\_\_\_ PNEUMONIA \_\_\_\_\_ MALARIA \_\_\_\_\_

CHICKEN-POX \_\_\_\_\_ RHEUM. FEVER \_\_\_\_\_ TYPHOID \_\_\_\_\_

SCARLET FEVER \_\_\_\_\_ HEART TROUBLE \_\_\_\_\_ CHOREA \_\_\_\_\_

DIPHTHERIA \_\_\_\_\_ TUBERCULOSIS \_\_\_\_\_ NERV. BREAKDOWN \_\_\_\_\_

PREGNANCIES: \_\_\_\_\_

MENSTRUAL: ONSET \_\_\_\_\_ PERIODICITY \_\_\_\_\_ TYPE \_\_\_\_\_ DURATION \_\_\_\_\_ PAIN \_\_\_\_\_ L.M.P. \_\_\_\_\_

HABITS: SOCIAL \_\_\_\_\_ WATER \_\_\_\_\_ BOWELS \_\_\_\_\_

ALCOHOL \_\_\_\_\_ COFFEE \_\_\_\_\_ MEALS \_\_\_\_\_ EXERCISE \_\_\_\_\_

TOBACCO \_\_\_\_\_ DRUGS \_\_\_\_\_ SLEEP \_\_\_\_\_ AMUSEMENTS \_\_\_\_\_

SERIOUS INJURIES: \_\_\_\_\_

OPERATIONS: \_\_\_\_\_

FAMILY HISTORY: TUBERCULOSIS \_\_\_\_\_ CANCER \_\_\_\_\_ VENEREAL DISEASE \_\_\_\_\_

FATHER \_\_\_\_\_ HEART DISEASE \_\_\_\_\_ ARTHRITIS \_\_\_\_\_ TOBACCO \_\_\_\_\_

MOTHER \_\_\_\_\_ DIABETES \_\_\_\_\_ RHEUMATISM \_\_\_\_\_ ALCOHOL \_\_\_\_\_

BROTHERS \_\_\_\_\_ STROKES \_\_\_\_\_ RHEUM. FEVER \_\_\_\_\_ SLEEP \_\_\_\_\_

SISTERS \_\_\_\_\_ RENAL DISEASE \_\_\_\_\_ OBESITY \_\_\_\_\_ MEALS \_\_\_\_\_

H.B.P. \_\_\_\_\_ ALLERGY \_\_\_\_\_ MIGRAINE \_\_\_\_\_

HYPERTENSION \_\_\_\_\_ ANEMIA - BLEEDING \_\_\_\_\_ EPILEPSY \_\_\_\_\_

ADDITIONAL DATA: \_\_\_\_\_

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DAVIS, THOMAS R



# SYSTEMS REVIEW

CIRCLE ABNORMAL FINDINGS - DESCRIBE AT RIGHT			ENTER NUMBER HERE	DESCRIBE HERE - START AT FIRST LINE
HEAD	1 ACHE	2 DIZZINESS		
	3 FAINTING	4 LOSS OF HAIR		
EYES	5 VISION	6 PAIN		
	7 GLASSES	8 SCOTOMA		
EARS	9 ACHE	10 DISCHARGE		
	11 HEARING	12 TINNITUS		
NOSE	13 DISCHARGE	14 CONGESTION		
	15 SINUS	16 CORYZA		
MOUTH	17 TEETH	18 GUMS		
THROAT	19 SORENESS	20 HOARSENESS		
	21 DYSPHAGIA	22 INFECTIONS		
CHEST	23 PAIN	24 COUGH		
	25 SPUTUM	26 HEMOPTYSIS		
HEART	27 PAIN	28 DYSPNEA		
	29 ORTHOPNEA	30 CYANOSIS		
G.I.	31 PAIN	32 NAUSEA		
	33 APPETITE	34 BELCHING		
	35 VOMITING	36 BOWEL HABITS		
G.U.	37 DYSURIA	38 NOCTURIA		
	39 FREQUENCY	40 HEMATURIA		
	41 URGENCY	42 INCONTINENCE		
	43 OBSTRUCTION	44 OTHER		
MENSTRUAL	45 LMP	46 ONSET		
	47 CYCLE	48 PAIN		
	49 AMOUNT	50 MENOPAUSE		
	51 DURATION	52 OTHER		
MARITAL	53 CHILDREN	54 ABORTION		
	55 MISCARRIAGE	56 STERILITY		
BONES JOINTS AND EXTREMITIES	57 ARTHRITIS	58 BACKACHE		
	59 VARICOSE	60 NEURITIS		
	61 PHLEBITIS	62 EDEMA		
	63 DEFORMITY	64 OTHER		
GENERAL	65 FATIGUE	66 FEVER		
	67 CHILLS	68 WT. LOSS/GAIN		
OTHER	69 SOCIAL HISTORY	70 NEUROLOGICAL		
	71 ENDOCRINE	72		
	73	74		
	75	76		